

CLAIMS ONLY							SERIAL NO. 10044527	FILING DATE 01-11-02
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	2	↓		↓		↓		
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TOTAL CLAIMS	13							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date		
							Applicant(s)				
							Marie-Helene SANIEZ et al.		01-11-02		
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51				
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Total Indep	└─┐		└─┐		└─┐		Total Indep	└─┐		└─┐	
Total Depend	└─┐		└─┐		└─┐		Total Depend	└─┐		└─┐	
Total Claims							Total Claims				

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